## Connecticut Department of Public Safety Division of Fire, Emergency and Building Services Office of State Fire Marshal

## **Burn Injury Report**

(File Within 48 Hours)

## Please Print or Type

OVICTINS ADDRESS (Number, Street)	1) VICTIM'S NAME (Last, First, M.I.)	2) SEX   MALE  3) DATE OF BIRTH
CITY, TOWN, POST OFFICE    STATE   ZIP CODE   4) VICTIM'S TELEPHONE NUMBER		□ FEMALE
5) ADDRESS WHERE BURN OCCURRED (Number Street)  CITY, TOWN, POST OFFICE  6) DATE OF INJURY  7) TIME OF INJURY  8) PERCENT BURNED  9) DEGREE(S) OF BURN(S)  10) AREA(S) OF BODY INJURED  1. PACE, HEAD  1. MODERATE (treated and released)  1. MODERATE (treated and released)  2. SEROUS (nospitalized)  1. MODERATE (treated and released)  2. SEROUS (nospitalized)  1. MODERATE (treated and released)  2. SEROUS (nospitalized)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box in Industry Ind	4) VICTIM'S ADDRESS (Number, Street)	APT.#
5) ADDRESS WHERE BURN OCCURRED (Number Street)  CITY, TOWN, POST OFFICE  6) DATE OF INJURY  7) TIME OF INJURY  7) TIME OF INJURY  8) PERCENT BURNED  9) DEGREE(S) OF BURNIS)  10) AREA(S) OF BODY INJURED  1. PACE, HEAD  1. MODERATE (treated and released)  2. NECK, SHOULDER  7. FOOT  3. OF HEAT, ADDOMEN  8. NAW  4. BACK, BUTTOCKS  9. HAND  1. REFORM, SENITIALS  10. INTERNAL (including trachea and larynx)  1. CHECK HEAD  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Check appropriate box)  1. DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Lighter fluid, etc.)  1. CHECK HERE IF THIS INJURY (Check appropriate box)  1. CHECK HERE IF THIS INJURY (Number, Street)  1. DATE OF REPORT		
CITY, TOWN, POST OFFICE  6) DATE OF INJURY  7) TIME OF INJURY  8) PERCENT BURNED  9) DEGREE(S) OF BURNIS)  10) AREA(S) OF BODY INJURED  1.   FACE, HEAD  1.   FACE, HEAD  2.   NECK, SHOULDER 7.   FOOT  3.   CHEST, ABDOMEN  4.   BACK, BUTTOKS 9.   HAND  5.   GROIN, GENITALS  10.   INTERNAL (including trachea and larynx)  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1.   CHEMICAL—Contact or exposure to reactive, caustic, corrosive or irritating substance  2.   ONTACT WITH HOT OBJECT—Woodstove, stovepipe, furnace, iron, steampipe, exhaust pipe, etc.  3.   COKING—Stove, oven, hotplate, barbecue, hot grease  4.   ELECTRICAL—Electrocution, electrical equipment and flashburns  5.   EMPLOSINE—Gun powder. TITT, dynamite  6.   FIREWORKS—Sparkiers, firecrackers, rockets, smoke bombs, etc.  7.   FLAMMABLE LIQUID—Hot barder, offer, etc., and to flood, hot it, melted plastic, etc.  10.   OTHER OPEN FLAME—Welding, matches, lighter, forch, etc.  11.   OUTDID—Hot Service of the standard of the s	CITY, TOWN, POST OFFICE STATE	ZIP CODE 4) VICTIM'S TELEPHONE NUMBER
CITY, TOWN, POST OFFICE  6) DATE OF INJURY  7) TIME OF INJURY  8) PERCENT BURNED  9) DEGREE(S) OF BURN(S)  10) AREA(S) OF BODY INJURED  1.   FACE, HEAD   6.   LEG   11) INJURY SEVERITY (Check appropriate box)  1.   GACK, SHOULDER 7.   FOOT   2.   SERIOUS (hospitalized)  3.   CHEST, ABDOMEN 8.   ARM   3.   LIFE THREATE(including trachea and larynx)  4.   BACK, BUTTOKS 9.   HAND   INTERNAL (including trachea and larynx)  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1.   GROIN, GENITALS 10.   INTERNAL (including trachea and larynx)  1.   CHEMICAL—Contact or exposure to reactive, caustic, corrosive or irritating substance  2.   DACK, SHOULDER 7.   DEAD ON ARRIVAL  12) APPARENT CAUSE OF BURN INJURY (Check appropriate box)  1.   CHEMICAL—Contact or exposure to reactive, caustic, corrosive or irritating substance  2.   CONTACT WITH HOT OBJECT—Woodstove, stovepipe, furnace, iron, steampipe, exhaust pipe, etc.  3.   COCKING—Stove, oven, hotplate, barbecue, hot grease  4.   ELECTRICAL—Electrocution, electrical equipment and flashburns  5.   EXPLOSIVE—Gun powder, ITM, dynamile  6.   FIREWORKS—Sparkiers, firecrackers, rockets, smoke bombs, etc.  7.   FLAMMABLE LIQUID—Hot Influent of flammable compustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc.  8.   GASIVAPOR EXPLOSION—Ignition of flammable gases or the explosion of flammable liquid vapors  9.   HOT LIQUID—Hot Service and protection of flammable gases or the explosion of flammable liquid vapors  9.   HOT LIQUID—Hot Service and protection of flammable gases or the explosion of flammable liquid vapors  9.   HOT LIQUID—Hot PLAS—Grass and Tursh, forest, borflies, dump, Irash and refuse fires, etc.  11.   OUTSIDE FIRES—Grass and Tursh, forest, borflies, dump, Irash and refuse fires, etc.  12.   STRUCTURE FIRES—Care and Tursh, forest, borflies, dump, Irash and refuse fires, etc.  13.   STRUCTURE FIRES—Any uncontained burning within a structure, including smoking accidents, trash fires, etc.  14.   STRUCTURE FIRES—Any uncontain		(         )       -
6) DATE OF INJURY 7) TIME OF INJURY 8) PERCENT BURNED 9) DEGREE(S) OF BURN(S) 10) AREA(S) OF BODY INJURED 1. FACE, HEAD 6. LEG 1. MODERATE (treated and released) 2. NECK, SHOULDER 7. FOOT 3. CHEST, ABDOMEN 8. ARM 4. BACK, BUTTOCKS 9. HAND 5. GROIN, GENITALS 10. INTERNAL (including trachea and larynx) 11) APPARENT CAUSE OF BURN INJURY (Check appropriate box) 12) APPARENT CAUSE OF BURN INJURY (Check appropriate box) 11 CHERICAL—Contact or exposure to reactive, caustic, corrosive or irritating substance 2 CONTACT WITH HOT OBJECT—Woodstove, stovepipe, furnace, iron, steampipe, exhaust pipe, etc. 3 COOKING—Stove, owen, hotplate, barbecue, hot grease 4 ELECTRICAL—Electrocution, electrical equipment and flashburns 5 EXPLOSIVE—Gun powder, TNT, dynamite 6 FIREWORKS—Sparklers, firecrackers, rockets, smoke bombs, etc. 7 FILAMMABLE LIQUIDS—Ignition of flarmmable combustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc. 8 GAS/APOR EXPLOSION—Ignition of flarmmable gases or the explosion of flarmmable individ vapors 9 HOT LIQUID—Hot water, coffee, tea, hot food, hot tar, melted plastic, etc. 10 OTHER OPEN FLAME—Welding, marches, lighter, forch, etc. 11 OUTSIDE FIRES—Grass and brush, forest, bonfires, dump, trash and refuse fires, etc. 12 RADIATION—Burns caused by contact or exposure to any radioactive malerials 13 STEAM—Caused by escaping steam from radiators, boilers, pipes, etc. 14 STRUCTURE FIRE—Grass and brush, forest, bonfires, dump, trash and refuse fires, etc. 15 SUNBURN—Exposure to ultraviolet light, including sun lamps 16 VETTON, POST OFFICE  17) PERSON FILLING OUT REPORT (Signature)  17) PERSON FILLING OUT REPORT (Signature)	5) ADDRESS WHERE BURN OCCURRED (Number Street)	
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hrs.   %   1st   2nd   3rd   Inhalation Burn	CITY, TOWN, POST OFFICE COL	UNTY STATE ZIP CODE
hrs.   %   1st   2nd   3rd   Inhalation Burn		
10) AREA(S) OF BODY INJURED  1.	6) DATE OF INJURY 7) TIME OF INJURY 8) PERCENT BURNED	9) DEGREE(S) OF BURN(S)
1.	hrs.	☐ 1st ☐ 2nd ☐ 3rd ☐ Inhalation Burn
1 □ CHEMICAL —Contact or exposure to reactive, caustic, corrosive or irritating substance 2 □ CONTACT WITH HOT OBJECT—Woodstove, stovepipe, furnace, iron, steampipe, exhaust pipe, etc. 3 □ COOKING—Stove, oven, hotplate, barbecue, hot grease 4 □ ELECTRICAL—Electrocution, electrical equipment and flashburns 5 □ EXPLOSIVE—Gun powder, TNT, dynamite 6 □ FIREWORKS—Sparklers, firecrackers, rockets, smoke bombs, etc. 7 □ FLAMMABLE LIQUIDS—Ignition of flammable/combustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc. 8 □ GAS/VAPOR EXPLOSION—Ignition of flammable gases or the explosion of flammable liquid vapors 9 □ HOT LIQUID—Hot water, coffee, tea, hot food, hot tar, melted plastic, etc. 10 □ O'THER OPEN FLAME—Welding, matches, lighter, torch, etc. 11 □ OUTSIDE FIRES—Grass and brush, forest, bonfires, dump, trash and refuse fires, etc. 12 □ RADIATION—Burns caused by contact or exposure to any radioactive materials 13 □ S'TEAM—Caused by escaping steam from radiators, boilers, pipes, etc. 14 □ S'TRUCTURE FIRE—Any uncontained burning within a structure, including smoking accidents, trash fires, etc. 15 □ SUMBURN—Exposure to ultraviolet light, including sun lamps 16 □ VEHICLE FIRE—Car, truck, plane, boat, tractor, lawnmower, etc., carburetor and engine fires, etc.  13) REPORTING FACILITY	1. □ FACE, HEAD 6. □ LEG 1. □ MODERATE (treated and released) 2. □ NECK, SHOULDER 7. □ FOOT 2. □ SERIOUS (hospitalized) 3. □ CHEST, ABDOMEN 8. □ ARM 3. □ LIFE THREATENING (death is imminent and/or probable)	
14) ADDRESS OF REPORTING FACILITY (Number, Street)  CITY, TOWN, POST OFFICE  STATE ZIP CODE  15) NAME OF ATTENDING PHYSICIAN (Last, First, M.I.)  17) PERSON FILLING OUT REPORT (Signature)  CHECK HERE IF THIS INJURY HAS RECEIVED	1 □ CHEMICAL—Contact or exposure to reactive, caustic, corrosive or irritating substance 2 □ CONTACT WITH HOT OBJECT—Woodstove, stovepipe, furnace, iron, steampipe, exhaust pipe, etc. 3 □ COOKING—Stove, oven, hotplate, barbecue, hot grease 4 □ ELECTRICAL—Electrocution, electrical equipment and flashburns 5 □ EXPLOSIVE—Gun powder, TNT, dynamite 6 □ FIREWORKS—Sparklers, firecrackers, rockets, smoke bombs, etc. 7 □ FLAMMABLE LIQUIDS—Ignition of flammable/combustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc. 8 □ GAS/VAPOR EXPLOSION—Ignition of flammable gases or the explosion of flammable liquid vapors 9 □ HOT LIQUID—Hot water, coffee, tea, hot food, hot tar, melted plastic, etc. 10 □ OTHER OPEN FLAME—Welding, matches, lighter, torch, etc. 11 □ OUTSIDE FIRES—Grass and brush, forest, bonfires, dump, trash and refuse fires, etc. 12 □ RADIATION—Burns caused by contact or exposure to any radioactive materials 13 □ STEAM—Caused by escaping steam from radiators, boilers, pipes, etc. 14 □ STRUCTURE FIRE—Any uncontained burning within a structure, including smoking accidents, trash fires, etc. 15 □ SUNBURN—Exposure to ultraviolet light, including sun lamps 16 □ VEHICLE FIRE—Car, truck, plane, boat, tractor, lawnmower, etc., carburetor and engine fires, etc.	
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CHECK HERE IF THIS INJURY HAS RECEIVED	,	
	17) PERSON FILLING OUT REPORT (Signature)	

Authority of CGS 19a-510a DPS-330 Rev 9/96

## TO REPORT BURN INJURIES

- **1. Immediately** call the Local Fire Marshal in whose jurisdiction injury occurred.
- **2.** Tell the Fire Marshal you are reporting a burn injury and give the following information:
  - Victim's name, address and date of birth
  - Address where burn injury occurred
  - Date and time of injury
  - Degree of burns and percent of body burned
  - Area(s) of body injured

- Injury severity
- Apparent cause of burn injury
  - Name and address of reporting facility
  - Attending physician
- 3. Complete the Burn Injury Reporting Form with 48 hours and submit it to:

Burn Injury Reporting System Office of Education and Data Management P.O. Box 2794 Middletown, CT 06457-9294